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## APPLICATION FOR LETTERS PATENT

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# DENDRITIC CELL ACTIVATED IN THE PRESENCE OF GLUCOCORTICOID HORMONES ARE CAPABLE OF SUPPRESSING ANTIGEN-SPECIFIC T CELL RESPONSES

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# DENDRITIC CELL ACTIVATED IN THE PRESENCE OF GLUCOCORTICOID HORMONES ARE CAPABLE OF SUPPRESSING ANTIGEN-SPECIFIC T CELL RESPONSES

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Reference to Related Application: This application claims priority from Provisional Application Serial No. 60/157,442, filed October 4, 1999.

<u>Field:</u> The invention relates to the field of medicine. More in particular the invention relates to the field of immunotherapy.

Background: The remarkable immunostimulatory properties of dendritic cells ("DC") reside in their ability to transport antigens from peripheral tissues to lymphoid organs where they present these antigens to T cells in an optimal costimulatory To achieve this complex sequence of events, DC (1). exist in different functional stages. Immature DC behave as sentinels in peripheral tissues where they efficiently capture intigens. Upon pathogen invasion, induction of protective T cell responses requires the activation of immature DC into mature immunostimulatory cells. DC activation is triggered in inflamed tissues by cytokines such as IL-1 and TNF-a and by bacterial components such as LPS (2, 3). Activated DC migrate to T cell areas in the lymph nodes while upregulating their costimulatory capacities and optimizing their antigen presenting functions. Upon interaction with antigen-specific T cells, DC activation is further completed through engagement of the receptor-ligand (1) pair CD40-CD40L, leading to the production of IL-12 (4, 5, 6), a key cytokine for T helper (Th) type 1 and cytotoxic T lymphocyte (CTL) priming (7).

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APC activation through CD40-CD40L interactions represents an important immunoregulatory step for the establishment of protective T cell immunity against pathogens and tumors (8, 9, 10). This process also plays a key role in the onset of destructive T cell-mediated disorders such as auto-immune diseases, allograft rejection and graft versus host disease (11, 12, 13). The current treatment of these

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disorders largely relies on the administration of glucocorticoids (GC), which exert potent anti-inflammatory and immunosuppressive effects. Because GC negatively interfere with many aspects of T cell activation such as IL-

- 2-driven proliferation and inflammatory cytokine production (reviewed in 14), activated T cells have long been considered as the main targets for GC action. Several lines of evidence now suggest a role for DC in GC-induced immune suppression. Moser et al (15) found that GC prevented the spontaneous
- activation of murine DC thereby decreasing their T cell stimulatory potential. Kitajima et al (16) showed that GC could hamper the T cell-mediated activation of a murine DC line. Viera et al reported that human DC exposed to GC were poor producers of IL-12 upon LPS stimulation (17). These
- findings only concern loss of typical DC features and therefore favor a simple inhibitory role of GC on DC activation. A more complex immunoregulatory action on the DC system has not been considered.
- The present invention resulted from a detailed analysis of
  the impact of GC on the CD40-mediated activation of monocytederived DC. These DC develop after culture with GM-CSF and
  IL-4 (2, 18) or after transmigration through endothelial
  cells (19) and are known to mature into the most potent human
  Th1-type-inducing APC upon CD40 ligation (5, 20). Moreover,
- these APC can easily be generated in large numbers and are thereby the cells of choice for DC-based modulation of T cell immunity (21, 22). In contrast to previous studies, the present invention shows that GC such as dexamethasone (DEX) do not merely prohibit DC activation, but that it converts
- 30 CD40 ligation on human monocyte-derived DC is transformed into an alternative activation pathway. DEX profoundly affect the CD40-dependent maturation of human monocyte-derived DC, not only by preventing the upregulation of costimulatory, adhesion and MHC surface molecules, but also by causing these
- of the Th1 stimulatory cytokine IL-12. In agreement with

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these phenotypic and functional changes, DC triggered through CD40 in the presence of DEX are poor stimulators of Th1-type responses. Most importantly, the present invention shows that such DC are able to induce a state of hyporesponsiveness in Th1 cells, indicating that these cells are capable of active suppression of Thl-type immunity.

Summary of The Invention
As already mentioned above, the impact of GC on DC has been the subject of several previous studies by others. However, in contrast with the present invention, these studies only 10 highlighted inhibitory effects of GC on the DC system. DEX was found to block the upregulation of CD80, CD86 and MHC class II molecules upon activation of murine spleen DC (15, 16), whereas very recently DEX was demonstrated to also prevent the differentiation of DC from monocyte precursors (28). In these studies, the inability of DC to acquire high expression of costimulatory and MHC molecules was accompanied with a decrease in their T cell stimulatory potential, but the effect of GC on IL-12 production was not investigated. On the other hand, Viera et al found that the effect of GC on LPS-induced DC activation consisted in a 4-fold reduction of IL-12p70 synthesis (17). This partial effect on IL-12 secretion contrasts with the complete suppression of IL-12p70 production which is subject of the present invention, and can be explained by the fact that their GC-treated immature DC were extensively washed prior to LPS stimulation. We indeed found that upon removal of GC, the effects of these drugs on immature DC were rapidly reversible. The continuous presence of GC during CD40 triggering of DC wasaclearly preferred in order to stably and completely modulate DC activation (data not shown). Taken together, previous findings indicated that the impact of GC on the DC system should be merely interpreted as an inhibitory event. Importantly, the present invention clearly demonstrates that GC such as DEX do not simply suppress DC activation but rather redirect this process towards a distinct functional program.

DC activation through engagement of CD40-CD40L is a key stimulatory event for the generation of effective Th1 and CD4-dependent CTL responses in vivo (10, 36, 37, 38). This pathway however is also involved in the development of unwanted T cell responses leading to autoimmune disease or organ-transplant rejection (11, 12, 13). Until now, treatment of patients suffering from such disorders largely relies on the systemic administration of GC hormones. This treatment does not only suppress pathogenic T cell responses but also induces a general state of immunosuppression and metabolic and endocrine side effects. The present invention demonstrates that activation of human monocyte-derived DC through CD40, in the presence of GC such as DEX, results in an IL-10-producing APC that is a poor stimulator for Th1-type responses and that can even confer hyporesponsiveness to Thl cells. The present invention therefore indicates that such DC loaded with appropriate antigens can be exploited as a novel approach for specifically downregulating unwanted T cell responses in vivo.

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Detailed Description of The Preferred Embediment's
The dentritic cells of the invention posses different
capabilities than previously reported for dendritic cells.
One can therefore consider these cells to be part of a class
of cells distinct from the class formed by the "classical"
dendritic cells. The dendritic cells of the invention can be
used in a different way than the classical dendritic cells.
The dendritic cells of the invention can for instance be used
to suppress, at least in part, an undesired immune response
in a host. In one aspect, invention therefore provides a
method for preparing a pharmaceutical composition for
reducing an unwanted T cell response in a host, comprising
culturing peripheral blood monocytes from said host to
differentiate into dendritic cells, activating said dendritic
cells in the presence of a glucocorticoid hormone and loading

said activated dendritic cells with an antigen against which said T cell response is to be reduced. An unwanted T cell response can be any type of T cell response. For instance, but not limited to, a T cell response associated with an auto-immune disease or a transplantation disease such as a graft versus host disease or a host versus graft disease. A pharmaceutical composition of the invention typically comprises a dendritic cell of the invention suspended in a liquid suitable for preserving the function of said dendritic cell in said liquid and/or suitable for administration to a host. A host preferably is a human. Preferably said host is at risk of developing or is suffering from an auto-immune disease or allergy. Preferably, said host suffers from or is at risk of suffering from host versus graft disease and/or graft versus host disease. With the term at risk is meant that one expects that said host may develop said disease, for instance but not limited to a host receiving a transplant. Such a host is considered to at risk of developing host versus graft disease. An antigen typically is a peptide capable of binding to a major histocompatibility complex I and/or II molecule. Such peptides are known in the art and a person skilled in the art is capable of determining whether a given peptide comprises an antigen or not. An antigen may be derived from a naturally occurring protein. An antigen may also be a synthetic peptide or equivalent thereof, preferably with an amino-acid sequence equivalent to a peptide derived from a protein.

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In another aspect the invention provides a pharmaceutical composition for reducing an unwanted T cell response in a host, said composition being obtained by culturing peripheral blood monocytes from said host to differentiate into dendritic cells, activating said dendritic cells in the presence of a glucocorticoid hormone and loading said activated dendritic cells with an antigen against which said T cell response is to be reduced. In one embodiment, a method is provided for reducing an unwanted T cell response in a

host, comprising administering a composition of the invention to said host.

The invention further provides method for reducing an unwanted T cell response in a host comprising culturing peripheral blood monocytes from said host to differentiate into dendritic cells, activating said dendritic cells and/or their precursors in the presence of a glucocorticoid hormone and loading said activated dendritic cells with an antigen against which said T cell response is to be reduced and

In one embodiment of the invention, said activation is done through a CD40 receptor. Activation of DC through triggering of the CD40 receptor can involve either incubation with a CD8-CD40L fusion protein, a trimeric from of CD40L consisting

- of CD40L-molecules to which a modified leucine zipper has been attached, anti-CD40 antibodies, or cells that express CD40L. Other signals that can be employed for the activation of DC as described in the present invention include lipopolysaccharide (LPS) and polyI/C.
- In another aspect, the invention provides a method for obtaining an dendritic cell capable of tolerising a T-cell for an antigen comprising providing said dendritic cell with a glucocorticoid hormone, activating said dendritic cell and providing said dendritic cell with said antigen. With the
- term tolerising is meant that said dendritic cell has an immunosuppressive effect on said T cell. A tolerised T cell will essentially not respond with cell division when exposed to a cell presenting an antigen said T cell would in the untolerised state respond to with cell division. A tolerised
- T cell will essentially not respond with killing a cell presenting an antigen said T cell would in the untolerised state respond to with cell kill.
- In one embodiment, said dendritic cell and/or a precursor thereof is provided with said glucocorticoid hormone in vitro. A T cell of the invention is profession.
  - yitro. A T cell of the invention is preferably an antigen specific T cell, preferably a cytotoxic T cell or a Th cell.

 In another aspect, the invention provides an isolated dendritic cell capable of modifying the function of an antigen specific Th cell, which would otherwise enhance a given immune response, resulting in a T cell that is capable of reducing this immune response. In one embodiment the invention provides a method for modifying an antigen specific T-cell comprising providing an dendritic cell according to the invention with said antigen and co-cultivating said T-

cell and said dendritic cell. Preferably, said co-cultivating is performed in vitro. Said method may further comprise multiplying said functionally modified T-cell.

The invention also provides an isolated functionally method functionally method functionally method.

The invention also provides an isolated funtionally modified T-cell obtainable by a method according to the invention.

In another aspect, the invention provides the use of a glucocorticoid hormone for obtaining an dendritic cell capable of functionally modifying a Ticell.

The invention also provides a pharmaceutical composition comprising an dendritic cell and/or a functionally modified

T-cell according to the invention. The invention further provides the use of a dendritic cell and/or a functionally modified T-cell according the invention for the preparation of a medicament.

The invention also provides a method for the treatment of an individual suffering from or at risk of suffering from a disease associated with at least part of the immune system of said individual comprising providing said individual with an dendritic cell and/or a functionally modified T-cell according to the invention. Preferably, said dendritic cell

and/or said functionally modified T-cell, or precursors thereof are derived from an HLA-matched donor. Preferably, said HLA-matched donor is said individual.

Method of treatments of the invention are preferably use for the treatment of an individual suffering from an auto-immune

disease, an allergy, a graft versus host disease and/or a host versus graft disease.

### Examples

### Example 1

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Impairment of CD40-CD40L-mediated phenotypic changes by DEX We explored the impact of DEX on the phenotypic changes induced by CD40 ligation on immature monocyte-derived DC. In the absence of DEX, the fusion protein CD8-CD40L induced a strong upregulation of the costimulatory molecules CD80, CD86 and CD40, of the MHC class I and II molecules, of the adhesion markers CD54 and CD58 and of the DC maturation marker CD83 (Fig 1). In the presence of DEX, these CD8-CD40Linduced phenotypic changes were dramatically impaired: the upregulation of CD80, CD86, CD40, CD54, CD58 and of the MHC class I and II molecules was largely inhibited and CD83 was not expressed (Fig 1). Importantly, DEX-treated DC did not revert to a monocyte/macrophage stage as shown by the lack of expression of CD14 (Fig 1). Titration of DEX showed a complete inhibition of CD40-mediated phenotypic changes at  $10^{-6}$  M and  $10^{-7}$  M, a partial blockade at  $10^{-8}$  M and no effect at  $10^{-9}$  M and  $10^{-10}$  (data not shown). In addition, DEX action was dependent on binding to the GC-receptor, since it was asbolished by simultaneous addition of the GC receptor antagonist RU486 (data not shown). In experiments performed with LPS or TNF-a as activation agents, similar results were obtained. However, the combination of DEX and TNF-alpha induced a massive cell death (viable cell recovery 5-10% of control cultures), a phenomenon that was not observed when DEX-treated DC were stimulated with LPS or through CD40 (viable cell recovery 60 to 100% of control cultures) (not

We next analyzed whether activated DC could still be affected by DEX. DC incubated with CD8-CD40L for 48h and further exposed to DEX maintained a stable activated phenotype (Fig 2).

shown).

We conclude that DEX prevents the phenotypic changes induced by CD40 signals on immature DC and that already activated DC are resistant to DEX action.

# 5 Example 2

DEX does not interfere with the regulation of DC antigen uptake machinery

Unlike activated DC, immature DC efficiently internalize antigens through macropinocytosis and mannose receptor-

- mediated endocytosis (2, 3, 25, 26). We analyzed whether DEX could affect the DC antigen capture machinery and its downregulation following CD40 cross-linking. As shown in Fig 3, incorporation of FITC-BSA and FITC-mannosylated BSA by immature DC and by DEX-treated immature DC was comparable.
- 15 Upon CD40 triggering, a similar decrease of FITC-BSA and FITC-mannosylated BSA uptake by both DEX-treated and untreated DC was observed (Fig 3). These results were the first to indicate to us that DEX does not block all aspects of DC activation, since it does not interfere with the down-
- 20 regulation of the DC antigen capture machinery.

#### Example 3

DEX-treated CD40-triggered DC secrete IL-10 instead of IL-12 A key feature of CD40-triggered DC for initiating T cell

- 25 immunity resides in their ability to produce the proinflammatory cytokine IL-12 (5, 6, 27). We investigated whether DEX affected IL-12 production by DC stimulated through CD40, and we explored the possibility that DEX could promote the secretion of the anti-inflammatory cytokine IL-
- 10. As shown in Fig 4, CD40 triggering of DC strongly induced IL-12p40 and IL-12p70 secretion (up to 120ng/ml and 170pg/ml respectively) but only poorly stimulated the production of IL-10 (up to 68pg/ml). In contrast, CD40 triggering of DEXtreated DC resulted in a dramatically reduced IL-12p40
- of IL-12p70 secretion, whereas IL-10 production was strongly

enhanced (up to 50 fold) (Fig 4). Immature DC and their DEX-treated counterparts failed to secrete detectable amounts of IL-12 and IL-10 (Fig 4). Therefore, CD40 ligation of DC in the presence of DEX triggers the secretion of high levels of the anti-inflammatory cytokine IL-10 instead of IL-12.

## Example 4

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DEX-treated CD40-triggered DC are capable of suppressing Th1-type immunity

The strikingly modified response of DC to CD40 ligation in the presence of DEX prompted us to compare the T cell stimulatory potential of these cells with that of their DEXuntreated counterparts. In an allogeneic MLR, CD40-triggered DC induced a strong proliferative T cell response whereas the addition of DEX prior to CD40 triggering reduced their T cell stimulatory capacity to that of immature DC (Fig. 5). When tested for their ability to stimulate an hsp65-specific CD4+ Thi clone, CD40-triggered DC pulsed with the hsp65 protein or with the specific peptide epitope p3-13 were found to be potent inducers of both T cell proliferation and T-cell dependent IFN-g production (Fig 5). In contrast, in the presence of Ag-pulsed DEX-treated CD40-triggered DC, T cell proliferation and IFN-g production were significantly decreased (p<0.001 and p<0.01 respectively) (Fig 5). We next investigated whether DEX-treated CD40-triggered DC were simply poor stimulators of Th1 cells, or whether they could exert suppressive effects on these T cells. We therefore tested hsp65-specific T cells stimulated with p3-13-pulsed DEX-treated CD40-triggered DC for their capacity to respond to a second potent antigenic challenge. Fig 6 shows that preculturing T cells with CD40-triggered DC led to a strong T cell proliferation and IFN-gamma production upon second antigen-specific restimulation. In contrast, preculture with DEX-treated CD40-triggered DC resulted in a dramatically reduced proliferative and IFN-gamma production capacity of

Th1 cells. Thus, CD40 triggering of DC in the presence of DEX

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results in APC that are not merely poor inducers of T cell responses but that also induce a state of hyporesponsiveness in Th1 cells.

# 5 Materials and Methods

Generation of DC

Immature DC were generated from peripheral blood monocyte precursors. Human PBMC from healthy donors, isolated through

- 10 Ficoll-Hypaque density centrifugation were plated at 1.5x10<sup>7</sup> per well in 6-well plates (Costar Corp., Cambridge, MA) in RPMI 1640 (Life Technologies, Paisley, Scotland) supplemented with 2mM glutamine, 100UI/ml penicillin and 10% FCS. After 2 h at 37<sup>0</sup>C, the non adherent cells were removed and the
- adherent cells were cultured in medium containing 500U/ml IL-4 (Pepro Tech Inc. Rocky Hill, NJ) and 800U/ml GM-CSF (kindly provided by Dr S. Osanto, LUMC, Leiden, NL) for a total of 7 days.
- Activation of immature DC with a CD8-CD40L fusion protein Activation of DC though CD40 was performed with a fusion protein made of the extracellular domain of human CD40L and of the murine CD8a chain (CD8-CD40L). The CD8-CD40L cDNA described by Garrone et al (23) was transferred into an
- eukaryotic expression vector containing the hygromycin resistance gene, and used for the generation of stably transfected Chinese Hamster Ovary (CHO) cells. Culture supernatants containing the CD8-CD40L fusion protein were concentrated with a pressurized stirred cell system (Amicon,
- Inc., Beverly, MA), checked for binding to CD40 and tested for optimal DC activation conditions (not shown). DC were incubated at 5 x 10<sup>5</sup>/ml/well in a 24-well plate (Costar Corp., Cambridge, MA) and activated in the presence of 1/10 CD8-CD40L supernatant. Cells and supernatants were analyzed after 48 h. Of note, control supernatants obtained from

untransfected CHO cells or from CHO cells transfected with the CD8a cDNA lacked DC activating functions and were similar to culture medium.

5 DEX and RU486 treatment of DC

Seven days immature DC were treated with 10<sup>-6</sup>M DEX (Sigma, St Louis, MO) in the presence of GM-CSF and IL-4 or GM-CSF alone. After 24 h, DC were analyzed or were further stimulated via CD40 by adding the CD8-CD40L fusion protein to the cultures as described above. In some experiments, the glucocorticoid receptor antagonist RU485 (Roussel-UCLAF, Romainville, France) was used at 10mM final concentration, alone or in combination with DEX.

Cells were stained on ice with FITC or PE-conjugated mouse monoclonal antibodies (MoAb) for 30 min in PBS 1% FCS and were analyzed on a FACScan (Becton Dickinson, San Jose, CA). The following MoAb were used: FITC-anti-CD80 (BB1), PE-anti-CD86 (FUN-1), FITC-anti-CD40 (5C3), PE-anti-CD54 (HA 58) and PE-anti-CD58 (1C3) (Pharmingen, San Diego, CA), PE-anti-CD14 (L243) and PE-anti-HLA-DR (Mf-P9) (Becton Dickinson), PE-anti-CD83 (HB15A) (Immunotech, Marseille, France) and PE-anti-HLA class I (Tu 149) (Caltag Laboratories, Burlingame, CA).

Antigen uptake experiments

DC were resuspended in medium buffered with 25mM Hepes. FITC-BSA and FITC-mannosylated BSA (both from Sigma) were added at 1mg/ml final concentration and the cells were incubated at 37°C, or at 0°C to determine background uptake. After 1 h, DC were washed extensively with iced-cold PBS and analyzed by FACS using propidium iodide to eliminate dead cells.

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# Cytokine detection by ELISA

Culture supernatants were analyzed in serial twofold dilutions in duplicate. IL-12p70 was detected using a solid phase sandwich ELISA kit (Diaclone Research, Besancon, France) (sensitivity 3pg/ml). For IL-12p40 and IFN-g detection, capture MoAb and polyclonal biotinylated detection Ab were obtained from Peter van de Meijde (BPRC, Rijswijk, NL) (sensitivity 10pg/ml). IL-10 was detected using the Pelikine compact human IL-10 ELISA kit (CLB, Amsterdam, NL) (sensitivity 3pg/ml).

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Allogeneic mixed lymphocyte reaction (MLR)

Non adherent allogeneic adult PBMC from an unrelated individual were cultured in 96-well flat-bottom plates

(Costar Corp., Cambridge, MA) at a density of 1.5 x 10<sup>5</sup>/well with various numbers of g-irradiated (3,000 rads) DC, in triplicates. Proliferation was assessed on day 5 by [3H] thymidine uptake (0.5mCi/well, specific activity 5Ci/mMol, Amersham Life Science, Buckinghamshire, UK) during a 16 h pulse.

# Thl stimulation assays

The Mycobacterium tuberculosis and M. leprae hsp65-specific, HLA-DR3-restricted CD4+ Th1 clone Rp15 1-1 used in this study recognizes an hsp65 determinant corresponding to peptide 25 residues 3 to 13 (p3-13) (24). HLA-DR-matched DEX-treated immature DC and their DEX-untreated counterparts were pulsed with 10mg/ml of p3-13 or with 10mg/ml of hsp65 for 2 h, washed extensively and stimulated through CD40 as described above. For Ag-pulsed DEX-treated immature DC, CD40 triggering 30 was performed in the presence of DEX. Hsp65 specific T cells (10<sup>4</sup>) were cultured with different numbers of g-irradiated (3,000 rads) DC in 96-well flat-bottom plates (Costar Corp.) in triplicates for 3 days. [3H] thymidine incorporation was measured on day 3 after a 16 h pulse. Before the addition of 35

[<sup>3</sup>H]thymidine, 50ml of supernatants were collected from each well and supernatants from triplicate wells were pooled to measure IFN-g production. To test hsp65-specific T cells responsiveness to a second potent antigenic challenge, 10<sup>4</sup> T cells were first cultured for 48h with 5 x 10<sup>3</sup> peptide-pulsed DC prepared as above, then harvested and allowed to rest in medium containing 5U/ml IL-2. Three days later, 10<sup>4</sup> viable T cells were restimulated with 5 x 10<sup>3</sup> peptide-pulsed DC generated from the same donor as used for the first culture and tested for their ability to proliferate and to produce IFN-g as previously described.

# Statistical analysis

Covariance analysis was used to compare T cell proliferation and IFN-g production as a function of DC number, between DEX-treated CD40-triggered DC and DEX-untreated CD40-triggered DC (Fig. 5).

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Fig. 1 Pretreatment with DEX inhibits the phenotypic changes induced by CD40 ligation.

- Seven days immature DC were cultured for 24h in the absence or the presence of 10<sup>-6</sup>M DEX and activated via CD40 with the CD8-CD40L fusion protein for 48h. The comparison with immature DC maintained in medium alone is shown. Emptyhistograms show the background staining with isotype controls
- MoAb and solid histograms represent specific staining of the 10 indicated cell surface markers, Specific mean fluorescence intensities are indicated. Mean fluorescence intensities of isotype controls were between 3 and 4. Data are representative of 4 independent experiments. 15

Fig. 2 DC triggered through CD40 maintain an activated phenotype upon a subsequent DEX # The Charles exposure.

Immature DC were activated with the CD8-CD40L fusion protein.

- DEX (10<sup>-6</sup>M) or medium control were added 48h later and cells 20 were analyzed after 2 additional days of culture. The comparison with immature DC maintained in medium alone is shown. Empty histograms show the background staining with isotype controls MoAb and solid histograms represent specific
- staining of the indicated cell surface markers. Specific mean 25 fluorescence intensities are indicated. Mean fluorescence intensities of isotype controls were between 3 and 5. Data are representative of 2 independent experiments.
- Fig./3 Pretreatment with DEX does not affect the regulation 30 of pC antigen uptake machinery. Immature DC were incubated in the absence or the presence of  $1/0^{-6}$ M DEX for 24h and further activated or not via CD40 with the CD8-CD40L fusion protein for 48h. Cells were pulsed for 1h with medium containing either 1mg/ml FITC-BSA or 1mg/ml 35

FITC-mannosylated BSA. Empty histograms show the background autofluorescence, Grey-filled histograms show the background uptake at 00C and black-filled histograms show the specific uptake at 370C. Data are representative of 3 independent experiments.

Fig. 4 Pretreatment with DEX alters the cytokine secretion profile of CD40-triggered DC.

DEX-exposed or control immature DC were left in culture without further treatment or stimulated with the CD8-CD40L fusion protein. Culture supernatants were harvested 48h later and IL-10, IL-12p40 and IL-12p70 secretion were analyzed by specific ELISA. Data are representative from 6 independent experiments.

Fig. 5 Pretreatment with DEX impairs the T\_cell stimulatory capacities of DC activated via CD40 and leads to a state of hyporesponsiveness of Th1 gells.

Allogeneic MLR: non adherent allogeneic PBMC were cultured with different numbers of CD40-triggered DC, DEX-treated CD40-triggered DC or immature DC. The proliferative response was measured on day g.

Thl stimulation assays: Hsp65-specific T cells were cultured with different numbers of HLA-DR matched CD40-triggered DC or with DEX-treated/CD40-triggered DC pulsed with the hsp65 25 protein or with the specific p3-13 peptide epitope. The proliferative response and the T cell dependent IFN-g production were analyzed on day 3. Data are representative of 4 independent experiments.

Fig. 6 DEX-treated DC triggered through CD40 induce a state of hyporesponsiveness in Th1 cells. Hsp65-specific T cells precyltured with CD40-triggered DC or with DEX-treated CD40triggered DC pulsed with the p3-13 peptide epitope were

harvested after 48h, allowed to rest in the presence of 5U/ml 35

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IL2 for 3 days, and restimulated with p3-13-pulsed DC. The proliferative response and IFN-g production were measured on day 3. Similar results were obtained in 2 independent experiments.

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